

DEPARTMENT OF INSURANCE

ADMINISTRATION AND LICENSING SERVICES BRANCH
320 CAPITOL MALL
SACRAMENTO, CA 95814
(916) 492-3035
(916) 327-8109 FAX
www.insurance.ca.gov



To issue your Bail license identification card, in compliance with Title 10, Section 2077.1, of the California Code of Regulations, return this letter with an original signature and the listed items below to Department of Insurance, PO Box 1139, Sacramento, CA 95812.

1. Two recently taken passport type-photographs.
2. A copy of your valid Drivers License, California Identification Card, or Passport.
3. \$24 processing fee.
4. Information requested below with original signature.

Licensee Name: _____

License Number: _____

Date of Birth: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Sex: _____

Reason for replacement of card: _____

If you have the old ID card it must be returned with this request.

Signature: _____ **Date:** _____

The replacement Bail identification card will be mailed to your mailing address on file with this office. If you have any questions, please call (916) 492-3035.